

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011995

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233

Primary Registration District No. 4346

Registrar's No. 92

FILED APR 3 1962

1. PLACE OF DEATH

a. COUNTY

Montgomery

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Montgomery City Mo

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Montgomery

c. CITY
OR TOWN

Montgomery City Mo

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

none

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Fred

XXX

Ganaway

4. DATE
OF DEATH

Month

Day

Year

March

26 th 1962

5. SEX

Male

6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-12-1879

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Butcher

11. BIRTHPLACE (City and state or country)

Montgomery City Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Jesse Ganaway

13b. MOTHER'S MAIDEN NAME

Helen Jones

14. NAME OF HUSBAND OR WIFE

Josie Ganaway "Deed"

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

04

17. INFORMANT

Address

Clarence Ganaway Mc Credie Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Interstitial Nephritis

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Lubor pneumonia

10 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 31, 1957, to March 26, 1962 and last saw him alive on March 17, 1962

Death occurred at 5:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Att Van Audsall DO.

22b. ADDRESS

Montgomery City, Missouri

22c. DATE SIGNED

3-27-'62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3-28-62

23c. NAME OF CEMETERY OR CREMATOR

Montgomery City

23d. LOCATION (City, town, or county)

Montgomery City Mo

(State)

24. FUNERAL DIRECTOR'S

ADDRESS

Cunningham Montgomery City Mo

25. DATE RECD. BY LOCAL REG.

3-27-1962

26. REGISTRAR'S SIGNATURE

Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10700

20700

3

4 2

5 2

6

7 1

8 0

9490X

10

11

1290-2

132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
~~xxxx~~ on the 26 th day of March 1962 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

C. W. Hopkins,



Licensed Embalmer No. 1487

Montgomery City Mo

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.